U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or c.v.l penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only					
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E	33/18/27				

(Transfer from service lab*1):
PS Form 3811, February 2004

Domestic Return Receipt

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

 							
1. File Number U - 11072				2. Fiscal Year Covered From			
					1/1/	2004 Through: 1	2 / 31 / 2004
Name and address of person filing.				4. Name, file number, and address of labor organization.			
Name Diane L Sedor				Name UFCW Local 1:28			
~ c ~ c ~ a m m m m				Labor Organization File Number C'75 JOS			
200 Const. Ext A. Washington D	or on the front it space 1. Article Addressed to: 1. S D + O + ELT / D L M > K ELT / D L M > K	Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpleox		P.O.	Box, Building and Ro	oom Number, if any p	O Box 9000
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27	~ ~ ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2, and Delh		City	Claremont		
25 1	Labor Room N	1, 2, and 3. Atso complete and Ballway is desired. and address on the reverse eturn the card to you. to the back of the mailplece.	36	State	California	ZI	P Code + 4 91711
	3/50/1	Atso complete to desired. S on the reverse of the mailple of the mailple					
3 Service Type A C	D. Is delivery address different from item If YES, enter delivery address below:	in > > 3	ns) with, or	derived i	forth in the instruction	promic benefit of y seeking to represen	
Express Mall Return Receipt C.O.D. Extra Fee)	rit from item 17 dress below:	C.		7.b. An	nount.		
for Merchandise	. □□						
8	<u> </u>		l Sign	ature			
submitted in this re	port (including the i	undersigned declares, unformation contained in rue, correct, and complete.	any accompany	ring docui	nents), has been exa	eralties of the law, that im.ned by the signatory ctions.)	all of the information and is, to the best of the
Signed //	and Ha	M		On	8/11/05	909-626-3333	
- Lesse					Date	Telep	hone Number

Name of Persor Filing Diane Sedor	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, celling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade rame, if any).	9. Business deals with:				
Name Pacificare	a. Labor Organization ** b. Trust c. Employer				
Trade Name, if any: P.O. Box, Bldg Room No., if any					
Street 5701 Katella Avenue					
City Cypress					
State California ZIP Code + 4 90630					
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing. Gift Certificate				
Name UFCW and Food Employers Trust Fund					
Trade Name, if any:					
P.O. Box, Bldg. Room No., if any P O Box €010					
Street 6425 Katella Avenue	11.b. Approximate dollar value of such dealing. \$100				
City Cypress	12.a. Nature of interest he:tl or income received.				
State California ZIP Code + 4 90630					
	12.b. Amount.				
C. Received from any employer (other than an employer covered unde	er narts A and B above)				
or from any labor relations consultant to an employer any payment of money	or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg , Room No., if any					
Street					

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State